



Virginia Occupational Safety and Health



VOSH PROGRAM DIRECTIVE: 03-004

ISSUED: July 1, 2007

SUBJECT: Consultation Policies and Procedures, Chapter 4: Policy for Visit-related Activities.

A. Purpose.

This directive transmits to On-site Consultation Program field personnel visit related requirements of the VOSH Consultation Program.

This Program Directive is an internal guideline, not a statutory or regulatory rule, and is intended to provide instructions to VOSH personnel regarding internal operation of the Virginia Occupational Safety and Health Program and is solely for the benefit of the program. This document is not subject to the Virginia Register Act or the Administrative Process Act; it does not have general application and is not being enforced as having the force of law.

B. Scope.

This directive applies Consultation-wide.

C. Reference.

04-06 (CSP 02) - TED 3.6 - Consultation Policies and Procedures Manual Chapter 4 (08/25/2004)

D. Cancellation.

Not Applicable.

E. Action.

The Director and Manager shall ensure that Consultation Program field personnel understand and comply with the instructions and requirements included in this directive.

F. Effective Date.

July 1, 2007

G. Expiration Date.

Not Applicable.

H. Background and Summary.

It is one of 14 chapters in the CPPM, which provides the overall policy framework for administering the VOSH Consultation Program. This chapter outlines policy for visit-related activities.

Significant Changes include:

1. Information for consultants on how to use the Safety and Health Program Assessment Worksheet (Form 33).
2. Procedures for consultants to follow when evaluating employer injury and illnesses rates.
3. The elements of safety and health management system have been moved to VOSH Program Directive 03-006, Documenting Consultation Services.
4. Information on employee participation and employee representation during the visit was added to this chapter.

C. Ray Davenport
Commissioner

Attachment:

Distribution: Commissioner of Labor and Industry
Assistant Commissioner - Programs
Cooperative Programs Director and Manager
VOSH Consultation Staff
Legal Support and IMIS Staff
OSHA Area Office,
OSHA Region III and Norfolk Area Offices

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CONSULTATION POLICIES AND PROCEDURES MANUAL

Chapter 4

Visit-Related Requirements

I. Preparation for a Visit

- A. Research. Each consultant should review and analyze the data collected from the employer on the Request Form (OSHA Form 20). In addition, the following information should be reviewed prior to the visit:
1. Case File. The consultant should evaluate all available data for the worksite, including:
 - a. the case files of previous consultations at the establishment.
 - b. the employer's OSHA inspection history by conducting an establishment search on OSHA's IMIS database.
 - c. typical hazards found under the North American Industrial Classification System (NAICS).
 2. References. The consultant should refer to technical reference material about potential hazards and industrial processes that may be encountered and refer to any relevant standards.
 3. Sampling Methods. Appropriate sampling methods should be reviewed based on past experience and information on the Request Form (OSHA Form 20) from prior Consultation visits as well as any prior enforcement inspection activity.
- B. Survey Materials and Equipment. It is the responsibility of the Consultation Program Manager to ensure that all materials and equipment required for an onsite survey are available to the consultant. The consultant, however, is responsible for taking and using the equipment needed for the onsite visit.
1. Forms and Handouts. The consultant should assemble all reports, forms and other materials in sufficient quantity to conduct the onsite survey. (See The IMIS Consultation Data Processing Manual, IRT 01-00-013).
 2. Sampling Equipment. The Consultant should select the necessary equipment using standard sampling and calibration methods as outlined in the OSHA Technical Manual, OSHA Directives, Wisconsin Occupational Health Laboratory (WOHL) sampling guide, manufacturer's recommendations, and other standard calibration procedures and practices.
 3. Consultant Safety and Health Considerations. All necessary personal protective equipment must be used. The Consultation Program Manager must ensure that the equipment is usable and that the consultant has been trained in its use and limitations. This includes a pre-visit hazard review with the consultant and the use of appropriate control strategies to reduce exposure to anticipated hazards in the workplace.
- C. Visit Confirmation. If an employer's requested visit is scheduled thirty days or more after the request date, the requesting employer shall be contacted within five calendar days of the scheduled visit to confirm the visit date. When verifying the scheduled visit, the employer must once again be asked whether any Federal or State OSHA inspection activity is in progress.

II. The Safety and Health Program Assessment Worksheet (Form 33).

The consultation safety and health process is a complex one. A consultant must be able to properly evaluate the level of safety and health activity taking place in the establishment and assist an employer in developing improvements. A consultant must not only determine hazardous conditions but must also recommend methods for correction/abatement and work to determine and alleviate the root causes of hazardous conditions.

The process is complicated even further by a growing emphasis on the consultant's role in assisting in the development of management strategies to produce a safer workplace. Consultants needed a tool to make the safety and health process effective and an evaluation instrument that accurately measured the level of safety and health within an establishment. OSHA responded by organizing and funding the effort to develop a primary tool to be used by all consultants nationwide. The Safety and Health Program Assessment Worksheet hereafter referred to as Worksheet does two things: 1) accurately measures the level of safety and health program elements within an organization (validity) with consistent results (reliability) from one evaluation to another over time.

- A. Definition. The Safety and Health Program Assessment Worksheet (Worksheet) is an evaluation tool to assess the employer's safety and health management system. Further, it can be used to provide information to an employer on the safety and health management system at one establishment and how it stacks up vis-à-vis other establishments in the same industry. The Worksheet is based on the 1989 Safety and Health Management Guidelines and consists of those elements or attributes used to evaluate a company's safety and health management system. A copy of the Worksheet along with assessment tips is located under Exhibit 1 of this chapter.
- B. Worksheet Purpose. OSHA had several goals in mind when we embarked upon the development and fine tuning of the Worksheet. First, we wanted to create a milieu where OSHA could provide employers with precise safety and health data that went beyond their establishments but allowed them to compare themselves with other establishments within their NAICS. Second, we wanted to empower our consultants and give them a more confident voice in advising employers on how to prioritize their safety and health expenditures in an effort to receive the greatest benefit for the dollar spent.
- C. Worksheet Usage. The Worksheet must be used by all 21(d) programs. Those states operating private sector consultation under a 23(g) State Plan, may use the Worksheet, if the consultant has taken the training offered by the OSHA Training Institute. Others are discouraged from using the Worksheet because it has not been tested for reliability or validity outside of the Consultation Program. Worksheets that have been altered for purposes beyond those developed by OSHA should not be used and data from them should not be incorporated into the Integrated Management Information System (IMIS).
- D. Worksheet Training. Consultants should not attempt to complete the Worksheet and incorporate their findings in the official OSHA data system until they have received formal training on its use and the philosophy behind the attributes. Completion of the Worksheet requires specialized knowledge on how to evaluate the attributes (the safety and health management system elements) and in scoring those attributes. The accumulated data on all Worksheets is collected to establish industry norms, which are used to provide advice to employers and in developing OSHA policies. As a consequence, it is imperative that the data collected on each individual Worksheet is an accurate reflection of the employer's safety and health profile.

- E. Procedures for Completing the Worksheet. The Worksheet must be completed using the following criteria:

Visit Type	Type of Program Assistance is:	Complete the following:
Initial -- Full Service	Comprehensive Specific	Entire worksheet All relevant attributes
Initial -- Limited	Specific	All relevant attributes
Training and Assistance, Prog. Assistance	Comprehensive Specific	Entire worksheet All relevant attributes
Training and Assistance, Cited, or, Not Cited	N/A	Completion of the Worksheet is OPTIONAL
Follow-Up	N/A	Completion of the Worksheet is OPTIONAL

- F. Worksheet Completion. Consultants are responsible for completing the Worksheet whenever one is required. This can be done by using the web-based system, or, if the web application is not available, a blank Worksheet which can be entered into the data system at a later date. It is more efficient if the consultants enter the data, instead of providing notes to a data entry clerk for completion.

When consultants of different disciplines conduct an initial visit to the same establishment within 90 days of each other, a single Worksheet, representing the mutually agreed upon scores of both consultants, must be sent to the employer. The consultant who completes the first visit will initiate the Worksheet process, but leave the Worksheet in "draft" in the system. The first consultant will indicate in his/her report to the Employer that a Worksheet is pending, but will be submitted by the second consultant. The consultant of the opposite discipline ("second consultant") will complete the Worksheet and include it in his/her Written Report.

In the event that there are different scores proposed by each consultant for the same attribute, a mutually agreed upon score will be entered onto the Worksheet, and submitted to the employer.

- G. Worksheet Comments. Although completion of the comment section of the Worksheet is optional, it is highly recommended that this section be used. First, to provide a rationale for the score. Second, to provide employers with meaningful recommendations on how to meet or improve on a specific attribute. Third, an employer may be disappointed because he/she has no guidance on which area to prioritize for action first to improve the overall safety and health profile of the establishment.
- H. Scoring Method. This scoring method is based on the data collected by the consultant. Only those attributes for which data has been collected during the visits may be scored. A quick summary of the scoring method for the attributes follows:

- Zero means that no safety or health procedures/policies are even partially present to correct this hazard. (No Activity)
- One means that some safety or health procedures/policies are present although major improvements are needed. (Little Activity)

- Two means that considerable safety or health procedures/policies are present with only minor improvements needed. (Most Activity Completed)
- Three means that no additional safety or health procedures/policies are needed at this time. (No Additional Activity Needed)

In some instances no information is collected or observed on a particular attribute. When this is the case no score is required on the Worksheet and the score remains at the default value of "Not Evaluated" (N/E). Consultants and Consultation Program Managers should be aware that the collection of data impacts national norms for industries and national policy decisions. Therefore, only factually based scores should be recorded in the IMIS. Consultants are discouraged from "guessing" at the score, it is critical to have primary source documents, interview notes or observations for all scores. Our preference is for high quality data over a large number of poorly completed Worksheets. No attribute may be modified or deleted and all attributes must be scored using the method outline above.

- I. **Attributes to Score.** Although there is no nationwide policy concerning the minimum number of attributes to score on any single visit, states may set more stringent policies. The Consultation Program Manager may direct consultants to complete a specified number of attributes, or identify specific attributes, which must always be scored. Even though we must rely on your professional judgment, as you are our eyes and ears on-site, a high performing Consultation Project will score an average of 8-12 attributes per visit. It is critical that we collect data nationally on all aspects of an employer's safety and health management system; consultants are urged to score the Worksheet using a broad distribution of attributes and they should avoid the repetitive scoring of the same attribute during every visit, unless it is required by the state. Consultants are not limited to one section of the Worksheet they can score any attribute for which they can find appropriate support (policy, procedure, observation or interview). Finally, we need to view this from the employer's perspective; receiving a Worksheet with 3-6 scored attributes out of 58 attributes can be discouraging and disappointing for the employer and may stifle creativity in the safety and health area.
- J. **Safety and Health Program Assessment.** The Worksheet does not replace the Safety and Health Program Assessment section of the Written Report. This section of the report is used to discuss the employer's overall safety and health system. However, this section of the Written Report should be consistent with the Worksheet using the same seven subdivisions contained in the Worksheet.

III. Required Structure of a Visit. The on-site visit must proceed according to the following sequence.

- A. **Entry to the Workplace.** Upon arrival at the worksite, the consultant must introduce him or herself and produce official state identification which, at a minimum, identifies the consultant's name, employer, and place of employment.
- B. **Opening Conference.** The first phase of the onsite visit is the opening conference with the employer or an authorized employer's representative. This person must have the authority to make safety and health decisions and be authorized to implement these changes. The opening conference helps to establish a clear understanding of the purpose of the visit and its procedures. It provides an opportunity to gain the employer's trust and allows the consultant to confirm the scope of the request and to review with the employer the terms of the visit.
 - 1. **Introductions.** The consultant must identify himself or herself and any one else participating in the visit. The employer, other company representatives, and employees or employee representative(s) must be identified and their names recorded in the case file notes.

2. **Employee Participation.** Employee participation is required during all on-site visits. Requirements vary according to whether the site has a recognized employee representative, as explained below.

If:	then:
The site has a recognized employee representative	An employee representative of affected employees must be afforded an opportunity to participate in the opening and closing conferences and to accompany the consultant and the employer's representative during the physical inspection of the workplace. In the interest of time and clarity, the consultant should encourage joint opening and closing conferences. If there is an objection to a joint conference, the consultant must conduct separate conferences with the employer and the employee representative. The consultant may increase the number of employee participants during the hazard survey if he/she determines that additional representatives will improve the quality of the visit. The consultant may confer privately with the employee representative.
The site has no recognized employee representative	The consultant must confer with a reasonable number of employees during the course of the visit in order to identify and judge the extent of particular hazards within the scope of the employer's request and to evaluate the employer's safety and health management system. The employer must agree to permit such contact in order for the visit to proceed.

3. **Scope of Visit.** The scope of the visit must be discussed with the employer and any employee representatives of affected employees based on the type of visit that the employer has requested. On an initial visit requesting limited service, the consultant should strongly recommend the benefits of a full service visit. If the scope of the visit is modified, the consultant must re-evaluate the use of the Worksheet based on the criteria outlined in Paragraph II of this chapter.
4. **Employer's Obligations and Rights.** The consultant must discuss the obligations and rights as outlined in Chapter 3, Paragraph II, (A-L), which the employer must agree to in order for the consultation visit to continue.
5. **Evaluating Employer's Injury and Illness Rates.** If the employer did not provide the Log of Work-Related Injuries and Illnesses (Form 300) information before the visit, the consultant must review the employer's current and previous three (3) years Form 300 (and/or 200) logs to determine the employer's rates. The consultant must calculate the rates, compare them to the national average for the employer's NAICS, and inform the employer of the results. Employers that fall below the threshold for keeping records should also have their rates assessed. In these cases the consultant must make an effort to estimate the previous years' injury and illness rates and record the data into the IMIS.

- C. Walk-through of the Workplace. This phase of the onsite process allows the consultant to become familiar with the worksite. If a hazard is identified but employee exposure is not observed, the consultant must document the hazard and require corrective action by the employer. During the walk-through of the workplace, the consultant must conduct the following activities:
1. Hazard Survey. The consultant must bring identified hazards to the attention of the employer and the employee representative(s) at the time they are recorded. If an imminent danger exists, exposed employees must be informed and the employer must remove them from exposure immediately. Failure to remove employees from an imminent danger area must result in referral to enforcement.
 2. Documentation. The consultant must record all facts pertinent to the identified hazard(s) in field notes to be included in the case file. All field notes, observations, analyses, written documentation, videotapes, photographs, sketches, and hazard descriptions are part of the survey record and must be retained in the case file. The consultant must document as much information as necessary to establish the specific characteristics of each identified hazard. If the employer or the employer's representative corrects the hazard "on the spot," the consultant must note the hazard and the correction method in the field notes.
 3. Recommendation of Interim Protection. The consultant must indicate in the case file notes whether interim protection is required, the nature of the recommended interim protection, and the date the interim protection must be in place.
 4. Referrals. The consultant must note potential health/safety problems for referral to a health/safety consultant within the scope of the visit.
- D. Closing Conference. In the closing conference, the consultant must conduct the following activities:
1. Hazard(s) Identified and Date of Correction. Discuss the classification of identified hazards, possible methods of correction and mutually agree upon correction dates for all hazards. The correction due date(s) for all hazards must be for the shortest feasible time frame. Hazard correction due dates are computed during the closing conference. The employer must start correcting hazards immediately instead of waiting for the written report which includes the list of hazards. Failure to correct hazards and regulatory violations can be cited by VOSH enforcement.
 2. Complete instructions on how corrective actions must be verified. Serious hazards must be verified, in writing, to the Consultation Program Manager and must include: The date that the hazard(s) was corrected or eliminated, a description of the corrective action and picture(s) of the corrective method and/or other documents such as receipts for purchase of materials, services or equipment, work ordering, training attendance sheets or any other proof of hazard corrections. Other-than-serious hazards must be verified in writing to the Consultation Program Manager and must include the date that the hazard was corrected or eliminated as well as a description of the corrective action.
 3. Comments on the Safety and Health Management System. Describe the adequacies and deficiencies of the employer's safety and health management system and make recommendations to resolve any deficiencies identified.
 4. Additional Onsite Visits. Discuss with the employer the extent to which additional onsite visits may be needed for training or for the verification of hazard correction.

5. Training and/or Follow-up Visits. Develop a schedule with the employer for training and assistance or follow-up visits, as needed.
 6. Transmitting the List of Hazards. The Consultation Program Manager must forward a List of Hazards to the employer and the employee representative. If there is a delay in producing the Written Report, which includes the list of hazards, a separate List of Hazards report must be produced within a reasonable period of time (not greater than twenty calendar days) after the closing conference.
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Chapter 4 Exhibit 1

Safety and Health Program Assessment Worksheet Blank Form 33

http://www.osha.gov/OshDoc/Directive_pdf/CSP2_2004-06_CH-4_Exhibit1.pdf

(see next page for sample hard copy)

Chapter 4 Exhibit 1

Safety and Health Program Assessment Worksheet Blank Form 33

Request Number		Visit Number		Visit Date		
Employer						
Site Location						
Legend: 0 = No; 1 = No, Needs major improvement; 2 = Yes, Needs minor improvement; 3 = Yes; NA = Not Applicable; NE = Not Evaluated * = Stretch Items Attribute of Excellence						
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Synthesis Item Score						
	0	1	2	3	NA	NE
With the total knowledge you now have of this organization (whether or not such knowledge has been captured by attribute ratings), use your professional judgment to assign an overall score for the organization's safety and health system.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hazard Anticipation and Detection						
	0	1	2	3	NA	NE
1. A comprehensive, baseline hazard survey has been conducted within the past five (5) years.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:						
2. Effective safety and health self-inspections are performed regularly.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:						
3. Effective surveillance of established hazard controls is conducted.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:						
4. An effective hazard reporting system exists.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:						
5. Change analysis is performed whenever a change in facilities, equipment, materials, or processes occurs.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:						
6. Accidents are investigated for root causes.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:						
7. Material Safety Data Sheets are used to reveal potential hazards associated with chemical products in the workplace.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments:						

8. Effective job hazard analysis is performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
9. Expert hazard analysis is performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
10. *Incidents are investigated for root causes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
Hazard Prevention and Control						
	0	1	2	3	NA	NE
11. Feasible engineering controls are in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
12. Effective safety and health rules and work practices are in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
13. Applicable OSHA-mandated programs are effectively in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
14. Personal protective equipment is effectively used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
15. Housekeeping is properly maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
16. The organization is properly prepared for emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
17. The organization has an effective plan for providing competent emergency medical care to employees and others present at the site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
18. *Effective preventive maintenance is performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
19. An effective procedure for tracking hazard correction is in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
Planning and Evaluation						
	0	1	2	3	NA	NE
20. Workplace injury/illness data are effectively analyzed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
21. Hazard incidence data are effectively analyzed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						
22. A safety and health goal and supporting objectives exist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:						

23. An action plan designed to accomplish the organizations safety and health objectives is in place.						
Comments:						
24. A review of in-place OSHA-mandated programs is conducted at least annually.						
Comments:						
25. *A review of the overall safety and health management system is conducted at least annually.						
Comments:						
Administration and Supervision						
	0	1	2	3	NA	NE
26. Safety and health program tasks are each specifically assigned to a person or position for performance or coordination.						
Comments:						
27. Each assignment of safety and health responsibility is clearly communicated.						
Comments:						
28. *An accountability mechanism is included with each assignment of safety and health responsibility.						
Comments:						
29. Individuals with assigned safety and health responsibilities have the necessary knowledge, skills, and timely information to perform their duties.						
Comments:						
30. Individuals with assigned safety and health responsibilities have the authority to perform their duties.						
Comments:						
31. Individuals with assigned safety and health responsibilities have the resources to perform their duties.						
Comments:						
32. Organizational policies promote the performance of safety and health responsibilities.						
Comments:						
33. Organizational policies result in correction of non-performance of safety and health responsibilities.						
Comments:						
Safety and Health Training						
	0	1	2	3	NA	NE
34. Employees receive appropriate safety and health training.						
Comments:						

35. New employee orientation includes applicable safety and health information.						
Comments:						
36. Supervisors receive appropriate safety and health training.						
Comments:						
37. *Supervisors receive training that covers the supervisory aspects of their safety and health responsibilities.						
Comments:						
38. Safety and health training is provided to managers.						
Comments:						
39. *Relevant safety and health aspects are integrated into management training.						
Comments:						
Management Leadership						
	0	1	2	3	NA	NE
40. Top management policy establishes clear priority for safety and health.						
Comments:						
41. Top management considers safety and health to be a line rather than a staff function.						
Comments:						
42. *Top management provides competent safety and health staff support to line managers and supervisors.						
Comments:						
43. Managers personally follow safety and health rules.						
Comments:						
44. Managers delegate the authority necessary for personnel to carry out their assigned safety and health responsibilities effectively.						
Comments:						
45. Managers allocate the resources needed to properly support the organizations safety and health system.						
Comments:						
46. Managers assure that appropriate safety and health training is provided.						
Comments:						
47. Managers support fair and effective policies that promote safety and health performance.						
Comments:						
48. Top management is involved in the planning and evaluation of safety and health performance.						

Comments:						
49. Top management values employee involvement and participation in safety and health issues.						
Comments:						
Employee Participation						
	0	1	2	3	NA	NE
50. There is an effective process to involve employees in safety and health issues.						
Comments:						
51. Employees are involved in organizational decision making in regard to safety and health policy.						
Comments:						
52. Employees are involved in organizational decision making in regard to the allocation of safety and health resources.						
Comments:						
53. Employees are involved in organizational decision making in regard to safety and health training.						
Comments:						
54. Employees participate in hazard detection activities.						
Comments:						
55. Employees participate in hazard prevention and control activities.						
Comments:						
56. *Employees participate in the safety and health training of co-workers.						
Comments:						
57. Employees participate in safety and health planning activities.						
Comments:						
58. Employees participate in the evaluation of safety and health performance.						
Comments:						

Revised Form 33, October, 2000